

**Building Renewal Grant Application**

**Initial Submission Date:** 7/9/2013 12:50:48 PM

**Application ID:** 621

**Resubmittal Date:**

Please provide as much of the requested information as possible. SFB staff will assist in developing required information that is not currently available.

**District Name:** Casa Grande Elementary District

**Superintendent:** Dr. Frank Davidson

**Contact Person:** Frank Corder

**Contact Phone Number:** 520-251-1857

**Contact Email:** frank.corder@cgelem.k12.az.us

**School Site:** Saguaro Elementary School

**Buildings:**  
1002 Central Plant  
9999 School Wide

**Description of Problem**

Please include a detailed description of the issues, as well as a description of and a copy of any professional studies, citations or reports from government entities, recommended solutions, and any cost information or estimates. If additional space is needed, please attach.

The SAGUARO SCHOOL HAS TWO COOLING TOWERS THAT ARE THE SAME AGE. WE HAVE EXPERIENCED A CONDITION WHERE THE BLOWER WHEEL HAS DISENGAGED FROM THE BEARING ASSEMBLY AND HAS DAMAGED THE BLOWER ASSEMBLY. UPON ADDITIONAL REVIEW OF THE TOWERS, WE DISCOVERED THAT THE FOUR 4-INCH MOTORIZED BUTTERFLY VALVES HAVE FROZEN UP AND THE DRIFT ELIMINATORS ARE CORRODED AND DAMAGED.

QUOTES WERE SOLICITED FROM 3 HVAC CONTRACTORS. TWO WALK-THROUGHS WERE CONDUCTED AND TWO CONTRACTORS SUBMITTED BIDS. ATTACHED ARE THE BID RESULTS IN A FORMAT THAT IDENTIFIES THE FULL SCOPE IN THE BASE BID AND 3 ALTERNATES.

I RESPECTFULLY REQUEST FULL FUNDING OF \$19,822.80

**Project Category:** HVAC

**Are any of the above-described issues in buildings or part of buildings that are leased to another entity, including a district sponsored charter school?** N

**Available Funding**

Current unencumbered building renewal fund balance (Fund 690):	\$0.00
Amount of Local funds planned for this project	\$0.00

Please outline any associated insurance coverage.

## Building Renewal Grant Application

**Liaison:** Cruse

pcruse@azsfb.gov

602-364-1193

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Superintendent Printed Name

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Superintendent Signature

\_\_\_\_\_  
Date